NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 7, 2003

RE: MDR Tracking #: M2-03-0579-01

IRO Certificate #: 5242

has been certified by the Texas Department of Insurance (TDI) as an independent review
organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the
above referenced case to for independent review in accordance with TWCC Rule §133.308
which allows for medical dispute resolution by an IRO.
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has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an anesthesia and pain management physician reviewer who is board certified in anesthesia and pain management. The anesthesia and pain management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The records were reviewed back to 1991. The claimant underwent radio frequency rhizotomy on November 26, 1997. There is no indication in the record that improvement occurred after that procedure. Additional procedures were carried out within a few months of that procedure. The procedure was repeated on July 28, 2000 with no evidence of improvement. A required medical examination (RME) performed by the doctor on January 28, 2003 indicated that the claimant is not a candidate for further invasive treatment given the apparent lack of sustained or long term benefit. I agree with that opinion.

Requested Service(s)

Medial branch block.

Decision

I agree with the denial for the requested procedure.

Rationale/Basis for Decision

There is no indication for medial branch block or any other invasive procedures. There is no indication that the extensive invasive procedures performed provided long term pain relief. There is no indication for any invasive procedures since there is no indication in the records presented that the claimant achieved long term relief.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 7th day of May 2003.